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## FORM D



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number:	3235-0076						
Expires:	May 31, 2005						
Estimated average burden							
hours nor rosno							

SEC USE ONLY						
Prefix	Serial					
DATE RECEIVED						
1						

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Timberline Bancorporation 2004 Common Stock Offering  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing:	1881 HER HAR HAR SIGH 18181 \$1019 MED HER HER HER
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	1000 HAR THE
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	04049160
Timberline Bancorporation	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
311 East Hopkins, Aspen, CO 81611	970-920-0112
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Registered Bank Holding Company	
Type of Business Organization	
••	lease specify):
business trust limited partnership, to be formed	<u> </u>
Month Year	
Actual or Estimated Date of Incorporation or Organization: 0 5 0 4 Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	- COC., -
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 201	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only reportereto, the information requested in Part C, and any material changes from the information previously supplied to the filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State:  This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for subuple and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exampropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	

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2. Enter the information r	equested for the fol	lowing:			
<ul> <li>Each promoter of</li> </ul>	the issuer, if the iss	suer has been organized w	ithin the past five years;		
<ul> <li>Each beneficial ov</li> </ul>	vner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
<ul> <li>Each executive of</li> </ul>	ficer and director of	f corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and
<ul> <li>Each general and</li> </ul>	managing partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	✓ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Michael T. Taets					·
Business or Residence Addr 311 East Hopkins Ave.,	•		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Jeffrey A. Taets	if individual)				
Business or Residence Addr 311 East Hopkins Ave.,	·	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, James L. Pedersen	if individual)				
Business or Residence Addi	ess (Number and	Street, City, State, Zip C	ode)		
311 East Hopkins Ave.,	Aspen, CO 8161	1			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, Kurt Weise	if individual)			***************************************	
Business or Residence Addr 311 East Hopkins Ave.,	•	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Patrick McGovern	if individual)				
Business or Residence Add 311 East Hopkins Ave.,	•		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
Business or Residence Add	ress (Number and	d Street, City, State, Zip C	Code)		
	(Use bl	ank sheet, or copy and use	additional copies of this	sheet, as necessary	<i>y</i> )

				/ <b>/ F</b>	В	KORMATI	ON AROU	i okuru	ic.	Mag.			
1.	Has the	issuer sold	. or does th	e issuer in	tend to sel	l. to non-ac	credited in	vestors in	this offeri	no?		Yes	No 😿
	<ol> <li>Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?</li></ol>								•••••••				
2.									\$				
												Yes	No
3.		e offering p											
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.								ne offering. with a state				
Ful	l Name (l	Last name f	irst, if indi	vidual)									
Bu	siness or	Residence .	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)		* · · · · · · · · · · · · · · · · · · ·		· <del></del>		
Nai	me of Ass	ociated Br	oker or De	alet					· · · · · · · · · · · · · · · · · · ·				
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		<del></del>	<del> </del>			
	(Check	"All States	" or check	individual	States)		***************					☐ Ail	States
	AL	ĀK	AZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA
	[Ki]	(SC)	תפו]	[TN]	[17]	[01]		[VA]	[WA]	[ <u>W</u> V]	WI	WY.	PR
Ful	ll Name (	Last name :	first, if ind	ividual)							***************************************	,	
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)		<del></del>				
Na	me of As	sociated Br	oker or De	aler									<del></del>
Sta	ites in Wi	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
		"All States								***********			l States
	AL	AK	AZ	AR	CA	[CO]	CT	[DE]	DC	FL	GA	HI	[ID]
	IL.		[AZ]	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	[UT]	VT	VA	WA	WV	WI	WY	PR
Fu	ll Name (	Last name	first, if ind	ividual)				·					
Bu	isiness or	Residence	Address (	Number an	d Street, C	City, State,	Zip Code)						
Name of Associated Broker or Dealer													
St	ates in W	hich Person	Listed Ha	s Solicited	or Intend	to Solicit	Purchasers				· · · · · · · · · · · · · · · · · · ·		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)							□ Al	l States					
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	TL	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	G. OFFERING PRICE: NUMBER OF INVESTIORS: EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted groproceeds to the issuer."	SS	5,960,000.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used f each of the purposes shown. If the amount for any purpose is not known, furnish an estimate at check the box to the left of the estimate. The total of the payments listed must equal the adjusted groproceeds to the issuer set forth in response to Part C — Question 4.b above.	nd	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	s 0.00	. 🗆 \$ 0.00
	Purchase of real estate	🔲 \$_0.00	\$ 0
	Purchase, rental or leasing and installation of machinery and equipment	\$_ 0.00	. [ \$_0.00
	Construction or leasing of plant buildings and facilities	□ \$ 0.00	\$ 0.00
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<b></b>	\$ 0.00
	Repayment of indebtedness		\$ 0.00
	Working capital		\$ 5,810,000.00
	Other (specify): Organizational Expenses	\$ 0.00	\$ 150,000.00
		- 🗆 \$	
	Column Totals		
	Total Payments Listed (column totals added)	\$_5	,960,000.00
	De FEDERAU SIGNATURE		7.24 元素。 18.14
sig	te issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this not gnature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Come information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) or	nission, upon writte	
Iss	suer (Print or Type) Signature	Date	<del> </del>
Ti	Imberline Bancorporation WMMre A	October 25, 200	04
	Arme of Signer (Print or Type)  Chael T. Taets  Title of Signer (Print or Type)  Chief Executive Officer		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)